

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 26 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N06455 (2)
1. Corporation Name
OKALOOSA PUBLIC RADIO, INC.



Principal Place of Business 957 HWY C4-A BAKER FL 32531 US	Mailing Address PO BOX 189 BAKER FL 32531-0189 US
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2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 59-2773279	Applied For <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 City & State	28 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Zip	25 Country	29 Zip	30 Country

3. Date Incorporated or Qualified 12/04/1984	3a. Date of Last Report 03/12/1996
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9. Name and Address of Current Registered Agent

**THOMPSON, EARL RAY
954 HWY C4-A
BAKER FL 32531**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
85 Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMPSON, EARL R.	1.2 NAME	
STREET ADDRESS	954 HWY C4-A	1.3 STREET ADDRESS	
CITY-ST-ZIP	BAKER FL	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TATE, MELODY A	2.2 NAME	Bolton, Melody A.
STREET ADDRESS	803 MELTON RD	2.3 STREET ADDRESS	803 Melton Rd.
CITY-ST-ZIP	BAKER FL	2.4 CITY-ST-ZIP	Baker, FL
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMPSON, JEFFREY E	3.2 NAME	Thompson, Jeffrey E.
STREET ADDRESS	6306 BEAVER BROOK COVE	3.3 STREET ADDRESS	954 Hwy C4-A
CITY-ST-ZIP	BIRMINGHAM AL	3.4 CITY-ST-ZIP	Baker, FL 32531
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NELSON, PAULINE	4.2 NAME	Nelson, Pauline
STREET ADDRESS	RT 1, BOX 170	4.3 STREET ADDRESS	Rt.1, Box 170
CITY-ST-ZIP	CRESTVIEW FL	4.4 CITY-ST-ZIP	Crestview, FL
TITLE	STD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMPSON, RUTH H.	5.2 NAME	
STREET ADDRESS	954 HWY C4-A	5.3 STREET ADDRESS	
CITY-ST-ZIP	BAKER FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Pauline Nelson* **SIGNATURE REQUIRED** 3/19/97 (904) 537-4481
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0073311

CR2E037 (9/96)